

## Natural Gas Well Completion Two Day Notification

E-mail to: [DEPOilandGasSector@wv.gov](mailto:DEPOilandGasSector@wv.gov)

New Source Performance Standards for Crude Oil and Natural Gas Production,  
Transmission and Distribution "NSPS 0000"

### SECTION I: GENERAL INFORMATION

**Dominion Transmission, Inc.**

Owner or Operator Name

Division of Air Quality ID Number (If Available)

**445 West Main Street**

Street Address

**Clarksburg**

**WV**

**26301**

City

State

ZIP Code

**Jason Bach**

**[jason.e.bach@dom.com](mailto:jason.e.bach@dom.com)**

**304.669.4850**

Facility Local Contact Name

E-Mail

Telephone Number

Signature

Date

**7-24-13**

### SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- [ X ] Route flowback gas to a completion combustion device    [ ] Use on-site as a fuel source;  
[ ] Reinject into the well or another well                      [ ] Route flowback gas to a salable gas  
[ ] Other \_\_\_\_\_ pipeline

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-033-05737	William R. Dallas 13169	39°09'00.27" 80°29'50.79"	7-31-13	8-6-13

[Add rows to the table for additional wells, as necessary]